

## PASTURE TO PASTURE PERMIT

This agreement is for one pasture grazing season for the cattle, duration, and premises described. Permits are issued on a case-by-case basis. Requests should be submitted to the CDFA, Animal Health Branch at least 30 days before the move. A copy of the approved permit will be sent to the applicant.

Requested by:		Phone:		Permit #:	
Return by:    FAX    MAIL		Fax:		E-mail:	
<b>SHIPPER INFORMATION</b>					
Ranch Name:				Premise ID #:	
Actual Location:					
City:		County:		State:      Zip Code:	
Mailing Address:					
City:		State:		Zip Code:	
Cattle Owner:			Phone:		
Manager:			Phone:		
<b>DESTINATION INFORMATION</b>					
Ranch Name:				Premise ID #:	
Actual Location:					
City:		County:		State:      Zip Code:	
Mailing Address:					
City:		State:		Zip Code:	
Property Owner:			Phone:		
Manager:			Phone:		
<b>HERD INFORMATION</b>					
Brand Description:			Brand Location:		
Second Brand Description:			Second Brand Location:		
Other Identification:					
Approximate Date Cattle Leaving:			Approximate Date of Return:		
Adult Females:		Calves:	Heifers:		Bulls:      Steers:
No. of Years Cattle Moved to Above Destination:			Fences Intact and Maintained:   Yes   No		
Cattle Graze with other Herds:   Yes   No		With Whom:			

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HERD HEALTH INFORMATION		
Herd Veterinarian:		Phone:
Are All Female Cattle over 12 months Brucellosis Vaccinated: Yes No		Percent Vaccinated:
TB Tested (Within Last 5 years): Yes No	Test Date:	No. Tested:
Has herd been infected with or exposed to Trichomonosis: Yes No		
Bulls Tested for Trichomonosis: Yes No	Test Date:	No. Tested:
Other Disease:	Test Date:	No. Tested:
Additional Requirements:  Please include a copy of all test charts		
Conditions of Agreement		
<b>I understand and agree that:</b> <ol style="list-style-type: none"><li>1. Cattle are from a valid breeding herd and moving for grazing purposes.</li><li>2. If cattle have tested positive for any disease, the herd may not be allowed to move until it has been fully evaluated by a designated State Animal Health Official.</li><li>3. I will account for all animals on this agreement.</li><li>4. Agreement is subject to change if the risk of disease changes.</li><li>5. Failure to comply with the provisions of this agreement may result in the revocation of this permit and/or loss of use of any future pasture-to-pasture permits.</li></ol>		
Name of Herd Owner or Legal Representative:		
Signature:		Date:
Comments:		
APPROVAL (FOR OFFICAL USE ONLY)		
Name of State Official at Origin:		
Title:	Date:	
Name of State Official at Destination:		
Title:	Date:	
Issued by:	Date Issued:	Permit#:

**BRAND INSPECTION REQUIREMENTS REMAIN IN EFFECT**